Survivorship – Cutaneous Melanoma

This cancer survivorship algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population, MD Anderson’s services and structure, and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

**ELIGIBILITY**

**CONCURRENT COMPONENTS OF VISIT**

- Stage 0, NED at 6 months
- Stage IA, NED at 2 years
- Stage IB – II, NED at 5 years
- Stage III – IV, disease free interval of 5 years

**SURVEILLANCE**

- Years 1 and up:
  - History and physical examination to include complete skin and lymph node basin survey
  - Reinforce skin inspection patient education
- Years 3 and up:
  - History and physical examination to include complete skin and lymph node basin survey
  - Reinforce skin inspection patient education
- Years 6 and up:
  - History and physical examination to include complete skin and lymph node basin survey
  - Reinforce skin inspection patient education
- Years 6 and up:
  - History and physical examination to include complete skin and lymph node basin survey
  - CXR as clinically indicated
  - LDH for staging if stage IV recurrence is detected
  - Interval CT chest, abdomen, and pelvis or PET-CT as clinically indicated
  - MRI brain as clinically indicated

**RISK REDUCTION/EARLY DETECTION**

- Monitor for late effects

**MONITORING FOR LATE EFFECTS**

- See Page 2

**PSYCHOSOCIAL FUNCTIONING**

- Yes
  - Return to primary treating physician
- No
  - Continue survivorship monitoring

**DISPOSITION**

NED = No Evidence of Disease

1All patients with multiple melanomas should be transitioned based on number of disease free years with regards to the highest stage melanoma or number of disease free years for the last treated melanoma whichever is longer.
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**ELIGIBILITY**

- Melanoma post-treatment and NED

**CONCURRENT COMPONENTS OF VISIT**

- **RISK REDUCTION/EARLY DETECTION**
  - Patient education, counseling, and screening:
    - Gynecologic screening (See Cervical Cancer Screening Algorithm)
    - Breast screening (See Breast Cancer Screening Algorithm)
    - Prostate screening
    - Colon cancer screening (See Colorectal Cancer Screening Algorithm)
    - Cardiovascular risk assessment
    - Diet/weight management counseling
    - Exercise/activity (See Physical Activity Algorithm)
    - Tobacco cessation (See Tobacco Cessation Algorithm)
    - Lung screening, if clinically indicated (See Lung Cancer Screening Algorithm)
    - New masses and other symptoms (e.g., bone pain) should be evaluated as clinically indicated
    - Vaccinations

- **MONITORING FOR LATE EFFECTS**
  - Assess for:
    - Lymphedema (upper and lower limbs)
    - Range of motion
    - Autoimmune manifestations of adjuvant immunotherapy

- **PSYCHOSOCIAL FUNCTIONING**
  - Assess for:
    - Distress
    - Financial stressors
    - Body image
    - Social support

**DISPOSITION**

- Refer or consult as indicated

NED = No Evidence of Disease

Department of Clinical Effectiveness V3
Approved by the Executive Committee of the Medical Staff on 03/28/2017
SUGGESTED READINGS


This cancer survivorship algorithm is based on majority expert opinion of the Melanoma Survivorship work group at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following core team members:

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